

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TR	1112	10/26/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	5-1-01	
2	✓	5-1-01	
3	✓	5-1-01	
4	✓	5-1-01	
5	✓	5-1-01	
6	✓	5-1-01	
7	✓	5-1-01	
8	✓	5-1-01	
9	✓	5-1-01	
10	✓	5-1-01	
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12	✓	5-1-01	
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14	✓	5-1-01	
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26	✓	5-1-01	
27	✓	5-1-01	
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47	✓	5-1-01	
48	✓	5-1-01	
49	✓	5-1-01	
50	✓	5-1-01	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here